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EDITORIALS

The World Medical Association

Observers of international medical practice and students of medical economics have noted with considerable pleasure the operations of the World Medical Association. Formed in 1947, the W.M.A. consists of the national medical associations in 40 countries and expects to reach a total membership of 60 countries through new admissions.

Here is a truly professional organization of physicians, unlike the World Health Organization and UNESCO, which are supported by government funds as parts of the United Nations. The World Medical Association is supported by contributions from the medical associations in the various member nations and from individual physicians and allied organizations and other groups in these countries. It receives no governmental support and has no governmental or political strings attached to its activities and pronouncements.

Best assay of the World Medical Association comes in its own statement of its objectives, which are listed as:

1. To promote closer ties among national medical associations and doctors.
2. To maintain the honor and protect the interests of the medical profession.
3. To study and report on professional problems.
4. To organize an exchange of information on matters of interest to the medical profession.
5. To present the world medical opinion to W.H.O. and UNESCO.
6. To assist all people of the world to attain the highest possible level of health.
7. To promote world peace.

In pursuit of these objectives, the World Medical Association has instituted several studies which are now under way. These cover such subjects as the status of the medical profession of the world, the status of world medical education, postgraduate medical education and specialist training, medical advertising and nostrums, a survey of cult practice and an international code of medical ethics. These are the studies which can best be carried on by the doctors themselves, not by governmental representatives in W.H.O., who are primarily interested in public health matters. Perhaps the most significant of W.M.A.'s studies is a continuing review and summary of social security developments throughout the world with particular reference to plans of medical care.

As a young organization, W.M.A. has attracted an unusually high degree of interest and attention. Part of this springs, no doubt, from the broad fields of endeavor hinted at in the list of studies under way; possibly an even larger part comes from the very nature of the organization itself, an international federation of physicians and their own national societies. For the first time, the practicing physicians of the world can meet in an organization of their own, free of political domination, to discuss and seek solutions to international problems of mutual interest.

The American Medical Association has played an active part in the development of W.M.A. and has been honored by the election of Dr. Louis A. Bauer of New York as secretary of the association. In turn, California has been honored by the appointment of Dr. John W. Cline as one of the A.M.A. delegates

to W.M.A. International headquarters are maintained in New York.

As against such an auspicious beginning and such an inspiring list of objectives and studies, it is unfortunate that W.M.A. has found financial difficulties besetting it. The constituent associations are more than willing to contribute their fair share of funds to run the organization but most of them find themselves up against national currency restrictions which prohibit their sending dollars out of their own national boundaries. The medical association in Great Britain, for instance, could not send dollars to this country as dues to W.M.A., but it could and did contribute by meeting the expenses of the November 1949 meeting in London.

Inasmuch as the United States remains the only major nation without international currency restrictions, it is incumbent on this country at present to supply the modest financing required by W.M.A. A national committee has been established for this purpose in New York and has announced as its objective the securing of 5,000 American physicians as individual members at ten dollars each per year.

Such a membership would achieve the financial goal of W.M.A. and eliminate the need of soliciting funds from state and county medical societies, pharmaceutical producers, allied professional organizations and others.

CALIFORNIA MEDICINE is not a fund-raising publication, but in the matter of W.M.A. it may with propriety express an attitude. Here is an organization so worthy of medical support that any support this publication can give it is gladly extended. California doctors are noteworthy for their support of sound causes in the interest of medicine and it is hoped they may accept this challenge in their customary manner of generosity. Memberships for individual physicians carry with them a subscription to the publications of W.M.A. and other valuable returns.

Membership dues may be sent direct to the World Medical Association, United States Committee, at 2 East 103rd Street, New York 29, or through the office of the California Medical Association. The cause is right, the hour ripe.

Letters to the Editor . . .

Tuberculin "Activator"

In 1927 it was shown by Rich and Lewis³ that living tissue cultures of leukocytes from tuberculous guinea pigs are hypersensitive to tuberculin. Favour¹ and his associates of Harvard University afterwards demonstrated the same tuberculin hypersensitivity in the leukocytes of tuberculous patients. When suspended in normal human plasma, such leukocytes undergo fairly rapid lysis on the addition of a small amount of old tuberculin. Leukocytes from normal tuberculin-negative individuals, similarly suspended, resist lysis. Since lysis takes place in the presence of normal plasma, Favour concluded that it is an example of purely cellular rather than humoral allergy.

This conclusion was subsequently challenged by Miller,² based on his belief that the earlier tests were performed with inadequately washed leukocytes. White cells obtained from the bloods of tuberculous patients were therefore repeatedly washed in isotonic salt solution. Duplicate samples were suspended in normal human plasma and in the plasmas of tuberculous individuals. Control tests were made with the leukocytes of normal tuberculin-negative individuals.

To 0.4 cc. of such cell suspensions 0.1 cc. of dilute tuberculin was added. Total white cell counts were made immediately and after 60 minutes' in-

cubation at 37° C. Within the limits of the experimental error no reduction in initial cell count was noted in any of the leukocytes suspended in normal tuberculin-negative plasma. Leukocytes from both normal individuals and from tuberculous patients, however, underwent from 20 to 35 per cent reduction in cell count in all tubes in which they were suspended in plasma from tuberculous individuals.

Tuberculin cytotoxicity thus occurs only in the presence of tuberculous serum, both normal and tuberculous leukocytes being equally susceptible to this lysis. Lysis is thus due to the adjuvant action of some specific component of tuberculous plasma. This component is non-dialyzable and is inactivated by heating to 56° C. for 15 minutes. It is precipitated with the globulin fraction of the plasma proteins.

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